Oct. 19, 2009

## "FEE ADDRESS" INDICATION FORM

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Mail Stop M Correspondence Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 INSTRUCTIONS: Only an address associated with a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be specified when the patentee would like correspondence related to maintenance fees to be mailed to a different address than the correspondence address for the application. If there is a Customer Number already associated with the fee address for the patent or allowed application, check the first box below and provide the Customer Number in the space provided. If there is no Customer Number associated with the fee address for the patent or allowed application, you must check the second box below and attach a Request for Customer Number form (PTO/SB/125). For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403. Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: Customer Number: OR Request for Customer Number (PTO/SB/125) attached hereto in the following listed application(s) for which the Issue Fee has been paid for patent(s). PATENT NUMBER APPLICATION NUMBER (if known) 10/022,151 Completed by (check one): Applicant/Inventor X Attorney or Agent of record 31,195 James C. Scheller Typed or printed name Assignee of record of the entire interest. See 37 CFR 3.71. (408) 720-8300 Statement under 37 CFR 3.73(b) is enclosed. Requester's telephone number (Form PTO/SB/96)

This collection of information is required by 3T CRR 133. The information is required to obtain or retain a benefit by the public which is to fixed much by the USPT to proposely an explanation. Declarationally a systematic by 50 to 1.22 and 57 CRR 11 and 114. The collection is estimated to take 5 find which to unighter, including pathering, proporting, and submitting the completed application from the USPTC. There will vary depending upon the individual case. Any comments on an amount of their or wearing to confide their form another suppositions for including this burst, which the sent the Child Information Office. It is Stated and Trademark Office, US. Observations of Commerce, P.O. 8xx 145th Assaurance, VA 22311-145th, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACCRESS, SEND TO: Wall Stop M Dorrespondence, Commissioner for Patients, P.O. 8xx 145th Assaurance, VA 22311-145th, DO NOT SEND SENDERS.

NOTE, Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one

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